

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22619

FILED JUL 10 1956

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4538</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>PIEDMONT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				e. STREET ADDRESS (If rural, give location) <u>1100</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>LUTESIA</u> c. (Last) <u>MELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2 1956</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APR. 7-1898</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>2</u> DAYS <u>25</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRANDIN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		13a. FATHER'S NAME <u>JAMES O. LARUE</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN GREENLEE</u>	
13c. NAME OF HUSBAND OR WIFE <u>JOSEPH H. MELL</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>✓</u>		15. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RACHEL HIEDMAN</u> ADDRESS <u>PIEDMONT, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor &amp; large</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>long period time</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>2 years</u>				19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Piedmont Wayne MO</u>		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>June 15, 1956</u> , to <u>7-2-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-26</u> , 19 <u>56</u> , and that death occurred at <u>7:00 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Gentry m.c.</u> (Degree or title)		23b. ADDRESS <u>Piedmont MO</u>		23c. DATE SIGNED <u>7-3-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR-BAY (CLAY CEM)</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR PIEDMONT MO.</u>	
DATE REC'D BY LOCAL REG. <u>July 3, 1956</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>High Funeral Home</u> ADDRESS <u>Piedmont, MO</u> <u>By Marvin E. Bowles</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WAYNE CO. HEALTH CENTER

FILE No.

JUL 7 1956

JUL 10 1956

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed

Marvin E. Bowles

Licensed Embalmer No. 4420

P. O. Address Piedmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.